

# BEST AVAILABLE COPY

PTO/SB/22 (12-04)  
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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).)</small>		Docket Number (Optional) <b>CARDIO BEAT - 003</b>
Application Number <b>09/535,000</b>	Filed <b>03/27/2000</b>	
For <b>INTERNET DEVICE OPERATIONAL FOR MEDICAL TESTING</b>		
Art Unit <b>2155</b>	Examiner <b>SIMBAMA GURESHI</b>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.  
 A check in the amount of the fee is enclosed.  
 Payment by credit card. Form PTO-2036 is attached.  
 The Director has already been authorized to charge fees in this application to a Deposit Account.  
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.**

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 22,096  
 attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

Signature: Donald J. Lenkszus Date: 1/12/2005  
 Typed or printed name: DONALD J. LENKSZUS Telephone Number: 602-463-2010

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  
 Total of \_\_\_\_\_ forms are submitted.

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